SERIAL NO. FILING DATE **CLAIMS ONLY** CLAIMS AFTER 1st AMENDMENT AFTER 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. DEP. IND. IND. DEP. IND. DEP. i ì TOTAL IND. TOTAL IND. _1 _1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMS * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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